

California State University San Marcos  
**EMPLOYEE CONTRIBUTION FORM**

Employee Name \_\_\_\_\_

Extension \_\_\_\_\_

Department \_\_\_\_\_

Email \_\_\_\_\_

**Please designate my donation to the following area(s):**

Minimum donation for payroll deduction is \$5 per month per category. You may contribute to as many categories as you wish.

- \$ \_\_\_\_\_ per month      **The Annual Fund (supports campus areas of greatest need)**
- \$ \_\_\_\_\_ per month      Athletics – Cougar Athletic Club
- \$ \_\_\_\_\_ per month      College of Business Administration (CoBA)
- \$ \_\_\_\_\_ per month      College of Education, Health and Human Services (CoEHHS)
- \$ \_\_\_\_\_ per month      College of Humanities, Arts, Behavioral and Social Sciences (CHABSS)
- \$ \_\_\_\_\_ per month      College of Science and Mathematics (CSM)
- \$ \_\_\_\_\_ per month      Extended Learning
- \$ \_\_\_\_\_ per month      Library
- \$ \_\_\_\_\_ per month      Osher Lifelong Learning Institute
- \$ \_\_\_\_\_ per month      President's Circle  
(Silver Level at \$1,000/yr ~ \$84 per month)  
(Gold Level at \$2,500/yr ~ \$209 per month)
- \$ \_\_\_\_\_ per month      Student Affairs

Other – please list department or program you wish to support:

**14 AP Employee Gift**

\$ \_\_\_\_\_ per month      \_\_\_\_\_

\$ \_\_\_\_\_ per month      \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL MONTHLY PAYROLL DEDUCTION**     NEW     ADDITION     REPLACEMENT

**I WISH TO MAKE A CASH DONATION** of \$ \_\_\_\_\_ to the following fund(s) \_\_\_\_\_  
Please make check payable to Cal State San Marcos Foundation.

**I WISH TO CHARGE MY CREDIT CARD** \$ \_\_\_\_\_ to the following fund(s) \_\_\_\_\_  
VISA     MasterCard     American Express     Discover

Card Number \_\_\_\_\_ Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

**For donations, please list my name in the Honor Roll of Donors as:**

\_\_\_\_\_ (This name will supersede any Honor Roll name already on record with University Advancement.)

\_\_\_\_\_ I wish to remain **anonymous** and **NOT** have my name listed in the Honor Roll of Donors.

*I understand this information is CONFIDENTIAL and only University Advancement and Payroll personnel directly associated with the management of these donations will have access to this information. This deduction will remain in effect until I initiate a change in University Advancement.*

**TERMINATE – please stop payroll deduction(s) as of this date:** \_\_\_\_\_

List names of funds you wish to terminate: \_\_\_\_\_

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

RETURN THIS FORM TO: UNIVERSITY ADVANCEMENT, CRAVEN HALL, Suite 5308- ATTN: Lynn Wellborn

FOR QUESTIONS CONTACT Sean Briner at [sbriner@csusm.edu](mailto:sbriner@csusm.edu) or call x4404.